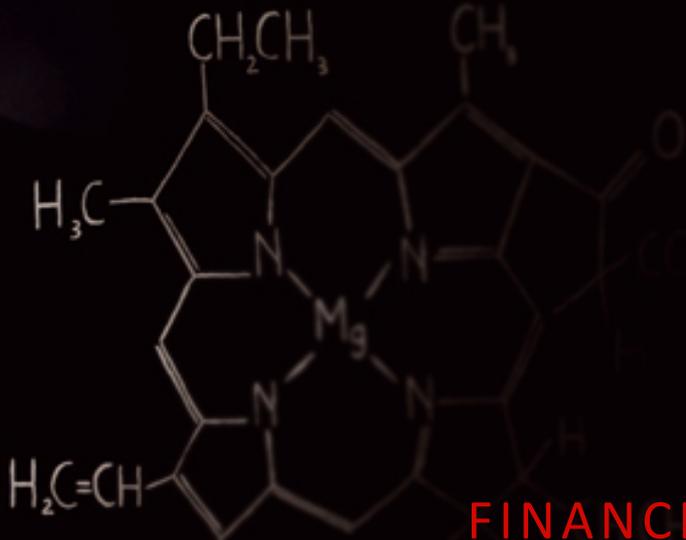
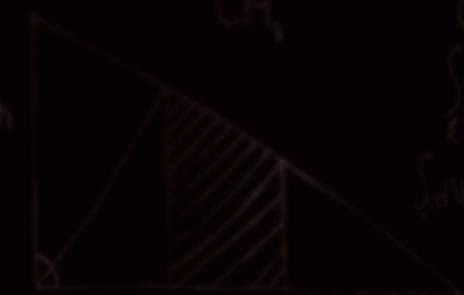




**FINANCIAL PERFORMANCE
THROUGH CLINICAL EXCELLENCE**



$$\vec{v} = \vec{\omega} \times \vec{r}$$
$$\vec{a} = \frac{d\vec{v}}{dt} = \frac{d\vec{\omega}}{dt} \times \vec{r} + \vec{\omega} \times \frac{d\vec{r}}{dt} = \vec{\alpha} \times \vec{r} + \vec{\omega} \times \vec{v}$$
$$V = \omega r \sin \theta = \omega \rho$$



$$U = C, T - \frac{Q}{T}$$
$$(P + \frac{a}{V}) (V - b) = RT$$
$$r = r(t) = r \hat{e}_r$$
$$v = v e_r + r \frac{d\theta}{dt} e_\theta + r \frac{d\phi}{dt} \sin \theta e_\phi$$
$$\Pi = \frac{P}{\rho c R i t}$$
$$H = i \hbar \frac{\partial}{\partial x}$$
$$V = (\frac{RT}{P} + b) V + \frac{a}{P} v \cdot \frac{\phi}{P} = 0$$



$$\vec{r}_1 = \vec{T}_1(\varphi) \vec{r}_{z1}$$
$$\begin{bmatrix} x_1 \\ y_1 \\ z_1 \\ 1 \end{bmatrix} = \begin{bmatrix} \cos \varphi & -\sin \varphi \\ \sin \varphi & \cos \varphi \\ 0 & 0 \\ 0 & 0 \end{bmatrix} \begin{bmatrix} x_2 \\ y_2 \\ z_2 \\ 1 \end{bmatrix}$$
$$f(e_1 + e_2 \sin^2 \varphi) + g \sin \varphi =$$
$$m_1(x_1, y_1)$$

Agenda



1

Titanium in Brief

2

BPCIa Program at Hollywood Presbyterian Medical Center

3

Building Blocks for Success

4

Results

5

Questions

A risk partner delivering better quality and lower cost through a clinic centric model.

Providing services to 1MM people in the greater Los Angeles area. We operate at less than 3% readmissions on Medicaid.

Bundled Payments for Care Improvement Advanced (BPCIa)

Bundled Payment history, a quick look



Program Name	Dates	Clinical Scope	Model Type	Participation Type	Participants	Status
Acute Care Episode (ACE) Demonstration	2007 - 2012 (varied by hospital)	Acute care hospital stay only (37 clinical episodes - 28 cardiac and 9 orthopedic)	Retrospective	Voluntary	5	Inactive
BPCI Model 1	2013 - 2016	Acute care hospital stay only (All DRGs)	Retrospective	Voluntary	24	Inactive
BPCI Model 2	2013 - 2018	Acute care and post-acute care episode (48 clinical episodes)	Retrospective	Voluntary	402	Ongoing
BPCI Model 3	2013 - 2018	Post-acute care only (48 clinical episodes)	Retrospective	Voluntary	577	Ongoing
BPCI Model 4	2013 - 2018	Acute care hospital stay only (48 clinical episodes)	Prospective	Voluntary	2	Ongoing
Comprehensive Care for Joint Replacement Model (CJR)	2016 - 2020	Major joint replacement of the lower extremity (LEJR)	Retrospective	Mandatory	488	Ongoing
Cardiac Rehabilitation (CR)	-	-	-	Mandatory	-	Canceled
Oncology Care Model	2016 - 2021	Chemotherapy for cancer	Both	Voluntary	187	Ongoing

Source: Aditya Govil, Avant-garde Health

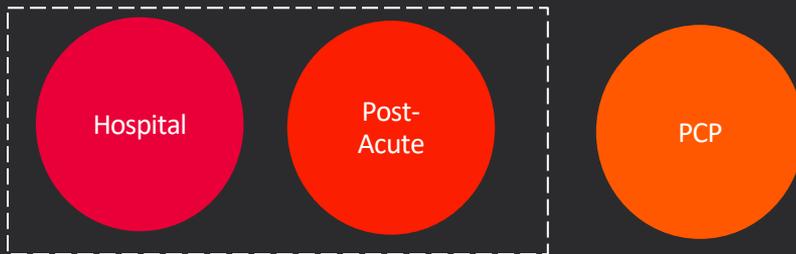
BPCIa has 432 participants in the 1st cohort

Bundled Payments for Care Improvement Advanced Initiative



- CMS is going to continue to push bundle payments, case rates and capitation
- The second and final opportunity gives an opportunity to monetize it
- Deadline for applying is June 24th, 2019, but go live is January 1, 2020
- Application is NON-BINDING

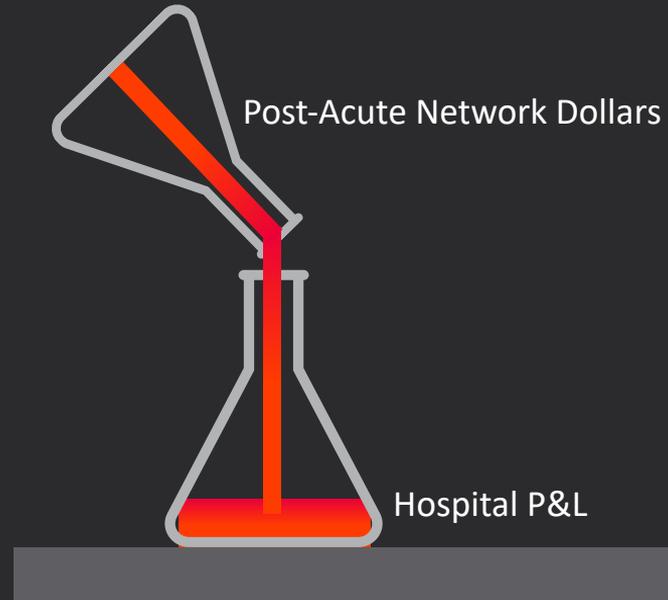
Hospital Scope of Responsibility



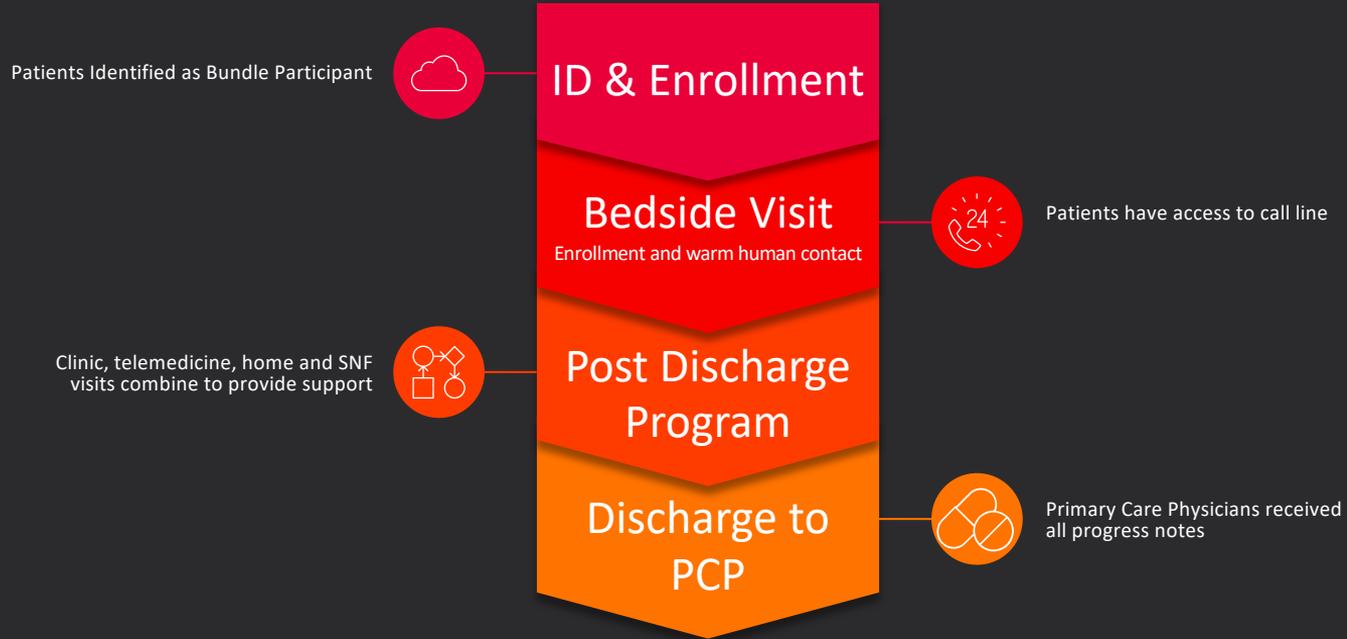
Bundled Payments for Care Improvement Advanced Initiative (Cont'd)



- “Bad history” is an advantage as historical cost calculation will be higher
- CMS uses 4 years of history. Recent trends can be helpful
- Post-acute savings will move into Hospital P&L
- Many hospitals don’t have the infrastructure to manage post-acute
 - Medical Management
 - SNF optimization
 - High risk patient management
 - Analytics



BPCIa Support



A closer look at the Post-Discharge Program



BPCIa Keys to Success



1

Pick the Bundles Well

Bundle targets and network performance vary widely

2

Provide Comprehensive Care Management

A clinical partner to help the patient in the entire 90 day program

3

Human connection and immediate access to caregiver team

4

Strong follow-up process

Ensure that every member is managed every day

5

Incentive Alignment with Community Docs

Key stakeholders need to benefit from change

6

Hospital Champion

Hospital should designate executive champion to steer and resolve issues

7

Notification system and intelligence – IT support

ED Visits, discharges, census

8

Early Identification of Patients

Hospital should identify patients as early in that admission process as possible

9

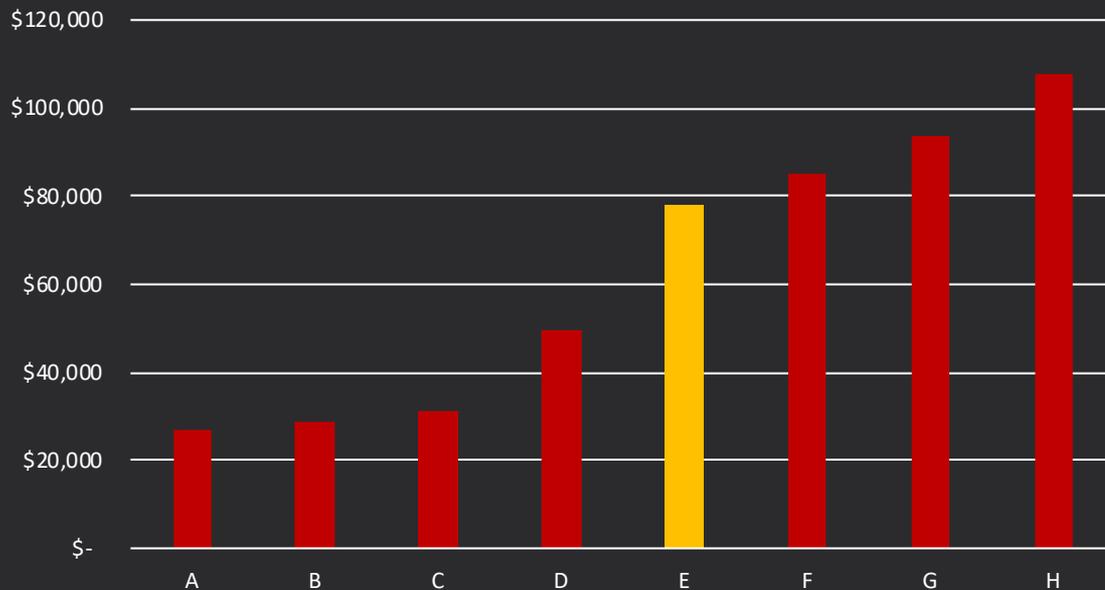
Establish Strong Workflows for Post Acute Players

Narrow your network and partner

Bundles need to be selected carefully..



A Handful of Sepsis Target Prices



Source: Avant Garde and Titanium Healthcare Analysis

- Targets Vary Widely
- There can be opportunities between target and recent history
- Sepsis nationally
 - Mean of \$34K
 - Minimum \$15K
 - Maximum 108K

Objections



01 Too hard/too much work
Program structure set up to outsource a lot of the work

02 CMS takes forever to pay
Reconciliation payments every 6 months

03 Too good to be true, so it must be
Hollywood expects \$3MM, why can't you?

04 Don't want to upset the doctors
Bring them into the partnership

Do patients like it?



The comments say it all:

- “I felt I got the help I needed”
- “I love the help I received. This needs to be put out more”
- “Thanks for explaining things. Keep up the wonderful service”
- “The Staff and Dr. were awesome. Very kind and supportive”
- “Perfect 10”
- “Dr. very informative and very active listening”
- “I am so very pleased with Titanium Extra. I can’t express more how happy I am”
- “Thank you for everything and the time you took caring for my mother”
- “How can you improve? Please hire a male stripper”

Satisfaction
greater than
99%

How are we doing?

Thank you for visiting the
Titanium Extra Clinic

We believe that we should always work to make your visit even better. Your feedback will help us improve the Titanium Extra Clinic for you and other people.

Thanks for your time and thoughts.
Responses will be kept confidential.

Questions scored from 1-5:
1 = Poor, 2=Fair, 3=Neutral,
4= Good, 5= Excellent

Please circle your answers below.

Getting my appointment was:
1 2 3 4 5

The Titanium Extra staff were:
1 2 3 4 5

The Titanium Extra Clinic facility was:
1 2 3 4 5 Love the new office

Overall, my experience was:
1 2 3 4 5

Would you recommend us to a friend?
Yes No

If no, please tell us why:

How can we improve your experience?
Our experience has been exceptional.
Kimberly is AMAZING!
And Dr. Henri - just
cant say enough.
Greatness Thank you!

Preliminary Results...



- \$3MM/year in projected CMS payments for Sepsis alone (\$10K/case)
- >99% patient sat
- 15% reduction in 90-day readmissions
- 16% reduction in post-acute facility utilization
- 17% growth in sepsis cases
- Significant reduction in readmissions for CHF, Pneumonia, AMI

Summary...



- BPCIa is a significant opportunity
- There is work but it is worth it
- CMS is moving to bundle payments, case rates and capitation – the smile is optional!
- Applying now is an easy putt and not binding. Go live is January 2020
- Pick the bundles well and set up the post-acute infrastructure.

It will also help with LOS, Readmissions and Global Risk pools



Gray Miller, Founder and CEO
832-368-6461
gray.miller@tihealthcare.com
tihealthcare.com